

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>10-089861</i>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	6					
TOTAL DEP.	32	→	→	→		
TOTAL CLAIMS	38					

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TOTAL DEP.		→	→	→				
TOTAL CLAIMS								